

THE ASYLUM SYSTEM AND THE COVID-19 PANDEMIC IN THE CITY OF LISBON: EXISTING DISPARITIES, STRUCTURAL PROBLEMS AND NEW INSIGHTS

Erica Briozzo*, José Ornelas* and Maria João Vargas-Moniz*

Existing vulnerabilities have been exacerbated by the COVID-19 pandemic. The present case study from the city of Lisbon explores the existing disparities and structural problems within the asylum system based on analysis of multimedia data. The experience of the COVID-19 pandemic emphasizes findings suggesting the importance of different forms of solidarity and activism both newly found and existing, such as the meaningful and substantive participation of refugees and civil society, engaged in the front line to deal with the crisis. This study provides insights for transformative change of asylum policies, stressing a more holistic and systematic perspective and fostering the involvement of refugees and asylum seekers in government planning and policy processes to build back better policies.

Keywords: COVID-19, refugees, asylum seekers, civil society, pre-existing disparities

1. Introduction

From 1975 to 2015, Portugal received 17,769 asylum applications (including families) to which a total of 1,605 were attributed refugee and humanitarian protection status (Costa & Sousa, 2017). Notably, international protection requests in Portugal were particularly evident in the last five years: the 275 orders in 2011 increased to 1,820 orders in 2019 (almost seven-fold increase) – the highest value ever recorded in the country (De Oliveira, 2020).

In 2015, migratory flows became more substantive, giving rise to the so-called “refugee crisis”, a phenomenon that has had a massive impact in Europe in general, as well as in Portugal. As part of the European Agenda on Migration, promoted by the European Commission to share responsibility among Member States, specific measures have been developed for the relocation of asylum seekers from Italy and Greece to other European countries (Rebelo et al., 2020; Vacchiano, 2018). Portugal thus set up a reception programme through the establishment of a national coordination group chaired by the Immigration and Border Service and the appointment of several organisations as new service providers, and proposed hosting 10,000 refugees (Vacchiano, 2018). By the end of the relocation programme in 2018, Portugal continued to host refugees under the Alto Comissariado das Nações Unidas para os Refugiados (ACNUR) resettlement programme in Egypt and Turkey. Indeed, starting from 2016, Portugal made new resettlement agreements (Acordo UE/Turquia 1x1 e Reinstalação Esquema 50.000) with ACNUR. The EU / Turquia 1x1 Portugal Agreement carried out 71% of the resettlements to which it had committed by the end of 2017 (142 people out of 200 reached Portugal: 7 in 2016 and 135 in 2017). For the Reinstalação Esquema 50,000 (€50 mil), with a commitment to resettle 1,010 people (606 people from Turkey and 404 people from Egypt), by the end of 2019, Portugal

* APPsyCI Applied Psychology Research Center Capabilities and Inclusion-UIDB05299/2020, ISPA – Instituto Universitário, Lisbon, Portugal

has resettled only 40.5%: 409 people, 223 from Egypt and 186 from Turkey, of which 33 arrived in 2018 and 376 in 2019 (De Oliveira, 2020).

During 2018, Portugal also agreed to participate in the relocation of immigrants entering European countries via Mediterranean routes. Through this framework, 184 people reached Portugal.

Here, Portugal's position contrasted to those of other European countries such as Hungary, Poland, the Czech Republic or Bulgaria, which showed an attitude of opposition to the so-called refugee crisis (Rebelo et al., 2020). Years of field research have, however, revealed a discrepancy between the representations by the Portuguese institutions (of a generous society, solidarity, well-being and a set of best practices) and the lived experiences of refugees (Santinho et al., 2020; Vacchiano, 2018). Despite the commitment shown by Portuguese institutions to set up a national reception plan, the unusual dimensions of the refugee phenomenon and the lack of experience of many of the new service providers have produced a gap between intentions and results, which has led to asylum seekers experiencing precarious living conditions during the period in which they joined the national reception programmes. Indeed, during the 18 months of support granted by the Portuguese government to the new refugees to integrate into the country, several practical barriers were found to the access of basic rights. Many beneficiaries highlighted the shortage of fundamental services (e.g., health and education), difficulties in accessing suitable housing, scarce provisions for daily needs, lack of information about the asylum process, and bureaucratic slowness and minimum prospects for employment (see Vacchiano, 2018).

Unsurprisingly, this discrepancy remained at the time of the COVID-19 pandemic. The virus arrived, leaving refugees and asylum seekers – already in precarious living conditions – highly vulnerable to infection. On 20 April, Lisbon newspapers published the news that 138 asylum seekers hosted in a hostel¹ had tested positive for COVID-19 (Santinho et al., 2020).

As stated by the coordinator of the Forum Refúgio, the refugees in the hostels were extremely diverse in terms of background (e.g., Chinese Ukrainian and African) and were mostly single men aged between 17 and 30; most were spontaneous asylum seekers, in the asylum process (Coordinator, Forum Refúgio, interview). On the following Monday, the asylum seekers were accompanied by the army into Ota, a military base and technical training centre for the Air Force, which was transformed into a reception centre for patients, which was without Air Force students at the time, due to remote instruction because of the pandemic (Pereirinha et al., 2020). A group of 58 asylum seekers left the Ota military base. This group was further subdivided into three groups corresponding to the different stages of the asylum requests processes: (a) a group of 20 people, whose admissibility process was underway, left under the responsibility of the Conselho Portugues para os Refugiados (CPR) and was re-housed in a metropolitan area of Lisbon; (b) a group of 2 people, who had completed the asylum request process, left under the responsibility of the Social Security (Instituto de Segurança Social); and (c) a group of 36 people, who had received a negative response, left under the responsibility of the Santa Casa da Misericórdia de Lisboa² (Claudino, 2020).

Santa Casa da Misericórdia de Lisboa also relocated five asylum seekers to a house in the municipality of Loures, who were “the most problematic, that is, those who remained the longest in the military base because they tested positive and began to express their discontent” (Santinho, et al., 2020).

During the COVID-19 pandemic, most scholars who have analysed the clinical consequences of the pandemic on refugees (Júnior et al., 2020; Sieffien et al., 2020) have primarily assessed the mental health outcomes of this global health emergency. Other studies, giving a holistic point of view, have also revealed the social consequences that COVID-19 has brought to refugees

¹ The hotel accommodates about 200 people in 40 rooms, with an average of 5 people per room; this is not the only instance of the spread of COVID-19 among refugees, but it is the hostel with the most cases.

² The Santa Casa da Misericórdia is a private non-profit organisation that provides official welfare services in the city of Lisbon.

(Mangrio et al., 2020). Overcrowded conditions, coupled with a low level of literacy; lack of basic sanitation facilities, face masks and gloves; and limited communication have emerged as the major problems faced by people in refugee camps (Barua & Karia, 2020). Furthermore, other authors (Lozet & Easton-Calabria, 2020) have highlighted evidence of the exacerbation of the challenges facing urban refugees during a pandemic, such as access to health care services (Salmani et al., 2020). In Sweden, Mangrio et al. (2020) found that whilst many COVID-19 related problems experienced by refugees are felt by the host society in general, due to existing disparities, it is often refugees who experience these challenges first and to a greater extent. This included widespread loss of livelihood; increase in poverty, xenophobia, unemployment, economic vulnerability and gender-based violence; and food insecurity and limited access to the social safety net. Indeed, a study by Dempster et al. (2020) highlighted that the impacts of the pandemic are compounded for refugees. Interestingly, studies on the topic have shed light on the important role of refugee-led associations (Alio et al., 2020; Betts et al., 2020). In our study on the city of Lisbon, similar findings were identified. The aim of the present case study was, through the lens of the COVID-19 pandemic, to shed light on pre-existing structural problems, disparities and barriers within the Portuguese asylum system that were perpetuated and amplified during the COVID-19 pandemic.

2. Method

This case study builds upon a heterogeneous dataset (Table 1) concerning the events caused by the COVID-19 pandemic in the city of Lisbon. All data were gathered from May to July 2020. The favoured search engine was Google, and the data collection method was organised as follows. We searched and considered a set of keywords in Portuguese regarding COVID-19 (e.g., COVID-19, *refugiados*, hostel and *Lisboa*). The news on COVID-19 was collected from different data sources (Table 1). To downscale the data for thematic analysis, all of the collected data were listed in a table. Two videos were deleted from the data corpus. Although both dealt with the issue of COVID-19 and refugees, one focused particularly on the question of housing and the other focused on future recommendations (for after the pandemic), without delving into the issues under investigation here. We thus became aware of the public session – *Refúgio em Tempo de Emergência; Que Resposta?* – available on YouTube, through social media (Table 2). A blog post was selected from the social network, Facebook. A total number of 10 daily national newspaper articles were selected. From these, six were deleted, three were redundant because they repeated the same information, one reported information on migrants and non-refugees during the pandemic and two supported a refugee narrative that did not match ours. The remaining four daily national newspaper articles constitute the material corpus of the analysis that will be discussed here. A focus topic interview was conducted with the coordinator of the *Forum Refúgio*.

2.1 Multimedia data set

The whole world is going through uncertain times. Indeed, reaching refugees and asylum seekers in the pandemic during lockdown – including via the internet, e-mail or social media – was challenging at best and impossible in most cases. Still, the ability to implement effective qualitative research online is crucial (Dodds & Hess, 2020). It has been shown that there are significant broad disciplinary differences in citing online videos (Kousha et al., 2012). During the quarantine (lockdown), researchers, participants, institutions and civil society discussed COVID-19 related issues and shared their experiences using online platforms. Data such as images and videos produced during pandemic have potential value in helping researchers reach an understanding of the social experience of these difficult times. Further, re-shaping research

during the COVID-19 pandemic has led to new insights about qualitative research approaches and methodologies (Dodds & Hess, 2020).

2.2 Participants

To understand the models of argumentation and the different positions and interventions in the context of the COVID-19 pandemic, we selected from the public session the spokespersons of the main government organisations: one from the *Alto Comissariado pelas Migrações* (ACM; the High Commissioner for Migration) and one from CPR. Also selected was one spokesperson from the NGO CRESCER which has been involved in the reception of refugees in Lisbon since March 2016. We also selected a spokesperson from the local municipality of Arroios (LMA), for its support to asylum seekers during the pandemic. To amplify the voices coming from civil society –specifically from refugee-led organisations – and to have a counter-narrative to the institutional one, all the spokespersons from the Forum Refúgio association were selected: two coordinators of the Forum Refúgio, one ambassador and one Secretary General (Table 2). From civil society, three researchers with extensive experience in the field who have played a very active role during the pandemic were selected as participants. Finally, to have testimony from those who have experienced the challenges of the pandemic first hand, an asylum seeker was selected as spokesperson for civil society (Table 3). Other entities participated in the public session, but the topics addressed in the panels went beyond the research question (i.e., the COVID-19 situation in other countries).

Table 1. Characterisation of dataset

Format	<i>n</i>
Public session video	1
Digital daily national newspaper	3
Data Source	<i>n</i>
Daily Digital News: <i>O Observador</i>	1
Daily Digital News: <i>O Público</i>	1
Daily Digital News: <i>Nova Verdade</i>	1
Facebook	1
Blog Post: Border Criminology	1
Daily Digital News “Tvi24”	1

Table 2. Participants from Forum Refúgio in the public session: Refúgio em tempo de emergência; que resposta?

Participants	<i>n</i>
Coordinators of the Forum Refúgio	2
Refugees from the hostel	6
Forum Refúgio ambassador	1
General Secretary	1

Table 3. Civil society speakers in the Session: Refúgio em tempo de emergência; que resposta?

Participants	<i>n</i>
Civil society	1
Researchers	3

2.3 Data analysis

Thematic analysis was the privileged method for data analysis. This methodological approach makes it possible to identify, analyse, organise and report themes found within a data set (Braun & Clarke, 2006) to address participants’ experiences, meanings and realities. The analysis sought to gain an in-depth understanding of the experiences of refugees, civil society, official institutions and associations regarding the pandemic. Thematic analysis took five steps: compiling, disassembling, reassembling, interpreting and concluding (Castleberry & Nolen, 2018). The public session and the interview were first transcribed so we could easily see the data. After compiling and organising the data, we put the codes together to create themes and subthemes. Themes within the data occurred in an inductive, ‘bottom up’ way (Frith & Gleeson, 2004) to allow research findings to emerge from the frequent, dominant or significant themes inherent in the raw data. Themes were finally shared and discussed by the members of the research team and their personal insights were considered.

3. Findings

Here we highlight three themes which emerged from the thematic analysis: COVID-19 and the asylum system, lockdown issues affecting refugees and existing disparities and structural problems during the pandemic and future recommendations.

3.1 COVID-19 and asylum system

The different spokespersons illustrated the action plan implanted to face the COVID-19 pandemic. Table 4 shows the themes, sub-themes and codes for the COVID-19 response from different actors.

The pandemic was entirely unprecedented, and it may have taken a long time for the Portuguese asylum system to become aware of the severity. As one CPR spokesperson stated: “There are exceptional and new moments in an extremely new challenges for all of us which requires a lot of flexibility and a lot of response in a continuing learning process” (spokesperson, CPR, public session). To respond to the COVID-19 emergency, *Forum Refúgio* put into practice an emergency plan under the name “Plano de Apoio Refúgio no contexto de emergência” (Emergency Refugee Support Plan).

At the time of the pandemic, refugees – as well as civil society and other associations which were neither accountable nor prepared – had to position themselves at the forefront of coordinating responses to the holistic needs of the population of asylum seekers and refugees, filling important gaps in the institutional support system (see Rebelo et al., 2020). The *Forum Refúgio* managed to build a relationship of trust and closeness with refugees and asylum seekers in the hostels during the pandemic, and gave support and reassurance to those who were most reluctant to move to the military base. The coordinator of the association also played an important role in terms of cultural mediation with the people transferred to the military base. As the coordinator commented: “This is what I did with the vice president of the ACM: Sunday I left home at 7.00 am to take the transport and arrived home at one in the morning, all weekend, weekdays, Sunday – everything” (Coordinator Forum Refúgio, interview). Besides providing food (indeed, one of the of hardest challenges refugees were facing in lockdown was access to food; see Lozet & Easton-Calabria, 2020) and all other basic necessities, *Forum Refúgio* wrote an open letter to denounce the unworthy situations in which refugees found themselves during the pandemic.

To overcome the gap of services left by the responsible institutions, the refugee association received the people who left the Ota. Through interagency cooperation with the ACM, *Forum Refúgio* provided certificates of negative COVID-19 status. As stated by the coordinator of Forum Refúgio, very often people did not know how to ask for these certificates, due to the lack of information or the lack of cultural mediators to provide an adequate translation of the bureaucratic procedures or the bodies which can be consulted to obtain such a certificate. The LMA, one of the lead entities combatting the pandemic outside of the asylum reception system, improvised a support response for refugees and asylum seekers. During the pandemic, the LMA implemented an emergency project known as AURA to respond to the holistic needs of this population. Within this project, the LMA, despite a lack of feedback from official institutions, managed to accompany a total of seven hostels. At the beginning of May, the LMA set up a team committed to staying in the field and providing an emergency response; with this team, various *diagnostic visits* were made. The team undertook to supply *individual protection equipment* as well as food and basic necessities; because there were no dishes in the hostels, there was garbage in the rooms. There were also about four or five people per room, and there were no hygiene products for the home or for personal cleaning. For their part, the institutions responsible for the reception and settlement of refugees (e.g., the CPR) implemented a starting session with

continuing care assistance that provided individual protection equipment as well as measures transversal to other countries, such as preparation of documents that gave information on COVID-19 in different languages regarding general health guidelines.

Table 4. Response to COVID-19 pandemic by different actors

Theme	Subtheme	Code
Emergency response	Forum Refúgio response	Support plan in response to COVID-19 Cultural mediation Provide negative certificates to COVID-19. Individual protection equipment Open letter to denounce unworthy situations Material assistance (food and all kinds of basic necessities)
	LMA response	AURA Project Holistic needs Articulation with the different official entities in the reception system Accompaniment of a total of 7 hostels Material assistance Diagnostic visits Providing individual protection equipment
Response of official institutions	CPR response	Starting session with continued care assistance Providing individual protection equipment Measures transversal to other countries Develop information about COVID-19 in different languages
	NAIR response	Provide guidelines about COVID-19 in different spoken languages Implementation of formal and non-formal Portuguese language lessons Distance learning Intervention practice addressing religious sensitivity Addressing mental health
	Civil society and refugees' response	Solidarity Concern from civil society and awareness of the living and housing conditions in which asylum seekers found themselves during pandemic Advocacy Volunteering (conversation; Portuguese classes)
	CRESCER response	Contingency plan Team rotation Provide information Using different formats of information (flyers; WhatsApp; vocal messages) Provide daily food Provide individual equipment
	Response of other entities	Responsibility in the action area by military corps

At the beginning of their intervention, the ACM provided guidelines about COVID-19 in different spoken languages to ensure a feeling of greater control over their situation among asylum seekers and refugees, as well as to promote healthy behaviours important for this target

population, but also for the broader society. The ACM also addressed *formal* and *informal learning* of Portuguese language, provided translations through a *distance learning service* and implemented intervention practices to address *religious sensitivity* such as, during Ramadan, providing information about religious aspects to host entities as well as organising online prayer meetings. In a following intervention phase, the ACM put into practice active measures to address the refugees' and asylum seekers' mental health: "In this area, for example, we disclosed a lot of information [...] including] dissemination of a story in various languages about emotional management in the pandemic, such as mentally healthy behaviours in a confinement situation" (spokesperson, NAIR, public session).

In the public session, the significant frontline role of civil society surfaced: "When institutions fail, civil society comes forward" (spokesperson, Civil Society, Researcher, public session). Indeed, the LMA took steps to help asylum seekers, not only because of the emergency and humanitarian nature of the situation, but also – and in particular – to raise the awareness of the inhabitants of the Arroios about people in the hostels:

This intervention was also a response to the concern and the approaches we perceived from many of our municipality residents, who showed a very strong awareness and respect for the living and housing conditions in which these people are found. (Spokesperson, LMA, public session)

Asylum seekers and refugees showed great solidarity during the COVID-19 emergency:

Private individuals [...] individually and voluntarily, monitored this situation, so we received more information; we also got the contacts for people who were in these two initial hostels [...] so we came to know about the remaining pensions in similar conditions here in the territory of Arroios. (Spokesperson, LMA, public session)

Many volunteers pledged to make the time of refugees and asylum seekers spent more useful, with activities such as Portuguese lessons and conversation. CRESCER, an association that followed approximately 55 refugees, created a contingency plan and rotated the team, so that half remained engaged on the ground, while the other half worked from home. They provided information on COVID-19 to refugees using various information formats, such as flyers and WhatsApp vocal messages. In collaboration with Forum Refúgio, CRESCER distributed *individual equipment* and daily food to people's homes so that they would not go out to buy food and thus risk being infected.

Not only entities that already had contact with refugees, but other bodies such as the military corps also had great responsibility in the emergency response: "Several organizations and institutions that were not necessarily prepared to deal with such a situation were put at the forefront in coordinating the responses for the refugee and migrant population" (Spokesperson, civil society, researcher, public session). As reported by local media, asylum seekers were transported to a military base to quarantine, on a firefighting bus in an operation overseen by the Ministry of Internal Affairs in partnership with CPR, SEF, ISS and Santa Casa da Misericórdia de Lisboa (Santinho et al., 2020); this included military personnel from the Army, the Guarda Nacional Republicana (GNR), the Instituto Nacional de Emergência Médica (INEM), the Cruz Vermelha, firemen and elements of the Civil Protection Force (Azevedo & Honrado, 2020; Pereirinha et al., 2020; Santinho et al., 2020).

3.2 Pandemic issues affecting refugees

Refugees already had a lot to cope with before the emergence of the COVID-19 pandemic (see Hebebrand et al., 2016). Table 5 shows which were the challenges and barriers faced by

refugees and asylum seekers during pandemic.

Table 5. Exacerbation of a pre-existing vulnerable situation

Theme	Subtheme	Code
Exacerbation of a vulnerable situation pre-existing	Network	Loss of pre-existing social networks Perpetuation of a pre-existing isolation
	Access to services	Suspension or semi-suspension of services Lack of equitable health care access Access to SNS24 service Not able to clarify health situation
	Race-based discrimination	Protest against refugees
	Job	Lose his/her own job
	Distress	Reproduction of traumatic experiences
	Lack of information	Different information provided by different entities People needed ongoing clarification Mistrust
	Language	Local language as barrier

The virus exacerbated the conditions faced by refugees and asylum seekers, most of whom were already enduring precarious living conditions:

If refugees were already in a vulnerable situation, in the face of a pandemic, I cannot quantify the cost if it doubled or tripled. It is impossible to quantify, but the situation became much worse – the vulnerability became even more open. (Spokesperson, civil society, researcher, public session)

The risk of infection and the consequences of prolonged containment and mitigation efforts are likely to be worse for refugees and asylum seekers. The pandemic has in fact put asylum seekers and refugees' lives into even greater crisis, as some refugees expressed their stress during the public session. It is a situation that worries refugees – the fact that they tested positive for the virus and compromised their daily lives; because they were stigmatised as infected, they ended up losing their social ties and support network. Pandemic-related social isolation seemed to enhance a pre-existing isolation situation, consequence of an established decentralised reception system that ultimately isolated the refugees and asylum seekers who remain in Portugal in very small and remote towns and villages:

The question of isolation is not only of social isolation, because if we take a glimpse of what the last five years of welcoming refugees [...] in Portugal was like, the issues of decentralization that isolates many refugees, isolates families [...] has very serious costs, in my view, in the potential for integration and recovery from trauma and re-signification of life history. [Decentralised placement and isolation in remote locations] delays this process (Spokesperson, civil society, researcher, public session).

Many services during the pandemic have been suspended or semi-suspended, and access to services has been one of the biggest challenges for refugees and asylum seekers. The majority did not have a job before the pandemic or lost their job, and were receiving €150 from the CPR.

Very often they found themselves not having access to services such as the SNS24 network. Even if they had access to a Portuguese-speaking intermediary, the service did not take the information provided by the intermediary seriously, because it is supposed to be the person involved providing the information. Many people have thus not been able to obtain clear health information, and many people ended up not being able to clarify their health situation, despite the fact that this service was available to the whole local population.

Although the Portuguese population showed solidarity during the COVID-19 emergency, openly racist events took place, such as, during lockdown, some inhabitants of Loures gathered to protest against the hosting of five refugees who tested positive for COVID-19 in their neighbourhood (Agência Lusa, 2020). The highly militarised environment also seemed to reproduce past traumatic experiences in military camps in the desert, where refugees often end up, as the coordinator of the *Forum Refúgio* reported, talking about his own previous camp experience:

There was a military camp in the desert and they left all the people there [...] more than six thousand people [...] I know what these people are going through: people are experiencing anxiety about all this confusion that is going through their head [...] So I managed to calm them down. (Coordinator, Forum Refúgio, interview)

Lack of information or conflicting information provided by different entities was one of the primary problems affecting refugees and asylum seekers. Although the responsible institutions reported implementing a series of prior measures to inform this population both in reception centres and hostels, in the public session it emerged that most refugees and asylum seekers did not know what COVID-19 was. Despite the effort from the *Forum Refúgio*, civil society and other associations, the feeling of mistrust remained during the lockdown, constituting a source of distress for refugees themselves and a challenge for civil society committed to delivering advice. As the Forum Refúgio coordinator noted: “people needed constant explanations”. Due to the presence of the military and the scarce information received, refugees and asylum seekers thought that the Ota was a refugee camp; moreover, it was not clear to them what the quarantine was about. Many wondered why they were not taken to a health facility when they tested positive. There was in fact great distrust on the part of the refugees, concerning the masks, for example: because the masks came from China, some refugees thought that, instead of being helpful, they could be infected by the masks.

Civil society and Forum Refúgio put into practice strategies to try to create a feeling of trust in refugees, such as the smiles on white PPE to indicate that it was safety equipment to protect themselves from infections. Furthermore, because Portugal did not implement a national plan for refugees to learn the Portuguese language, the *local language* during the pandemic turned out to be a barrier for refugees who encountered serious difficulties in accessing general information about the virus and following information on COVID-19 (Salmani et al., 2020). Another associated difficulty was making requests; for example, one Chinese man was unable to get in touch with his family in the hostel because he needed a cell phone charger, because he spoke only Chinese, he was unable to communicate his needs. One day the coordinator of *Forum Refúgio*, was charging his cell phone and the man (because he spoke neither English nor the local language), made himself understood with gestures, so the coordinator left his charger and the gentleman was able to contact his family.

3.3 Pre-existing disparities and structural problems during the pandemic

This macro-theme includes all the disparities and structural problems that already existed and persisted during the COVID-19 pandemic. Table 6 shows the related themes, sub-themes and codes arising from the thematic analysis.

Table 6. Pre-existing disparities and structural problems during pandemic

Theme	Subtheme	Civil society's code	Official institutions' code
"Exacerbation of pre-existing disparities and structural problems during pandemic"	Hotels	Over-crowded hostels, not a new reality	
	Lack of inter-agency cooperation	Lack of responsiveness from official institutions	Cooperation among institutions at all levels
		Different information provided different institutions	
	Lack of cultural sensitivity	Lack of cultural mediators	Lack of intercultural skills by professionals in the health care system
	Lack of information	People in hostels did not have information about COVID-19 Civil society and others provided information on COVID-19, not provided by the official institutions	
	Lack of resources		Human and financial resources

The crucial role played by civil society and associations, who filled in the asylum system's gaps during the pandemic emergency and the challenges faced by refugees and asylum seekers are intertwined aspects of a *structural problem and pre-existing disparities*:

But I would like to draw your attention to the fact that COVID-19 has also revealed a series of structural problems and disparities that were already present and have been on the ground for a few years. Developing work with the refugee population and asylum seekers, I have to say that they were already known. (Spokesperson, civil society, public session)

The situation of the hostels is a case in point: associations and volunteers have already denounced this phenomenon³ (Santinho et al., 2020), but the official institutions appear to have encountered barriers in dealing with this situation, as the coordinator of Forum Refúgio testified:

For a long time, before this crisis, we denounced the excess number of people in the hostels [...] we talked to CPR, who was trying to find solutions, and then COVID arrived [...] My duty here is to observe a situation and move on to whoever has the responsibility.

³ With the increase in the number of asylum applications in recent years (Vacchiano 2018), the Portuguese Refugee Council (CPR), in collaboration with the National Immigration and Borders Service (SEF), has found a temporary solution by placing asylum seekers in inexpensive hostels in 2019; around 800 asylum seekers have been housed in these private hostels, with precarious conditions (e.g., overcrowded rooms, poor hygiene, bedbug infestations, insufficient number of bathrooms and kitchens; Santinho et al., 2020).

(Coordinator, Forum Refúgio, interview)

Pre-existing structural problems, such as *lack of responsiveness from official institutions* when consulted by other associations, emerged during the pandemic. In times of emergency, it turned out to be even harder to understand the level of support needed and where those in need actually were, so the LMA tried to get in touch with the official institutions in the asylum and reception system, but failed to receive any answers. Strongly underlined during the public session by both civil society and institutions was the *lack of coordination among institutions*. For instance, during the lockdown, the institutions (CPR, Social Security, ACM and Santa Casa) did not show up assiduously at the military base, and once there, they were not generally seen as a credible, trustworthy source, due to the disparate information provided to refugees.

Another example of the lack of interagency coordination was the case of migrants, refugees and asylum seekers in quarantine in a mosque, where, despite various reports and interventions by activists and civil society, the institutions did not cooperate to connect refugees and asylum seekers with outside people (e.g., social workers and activists) who could address their needs:

The situation of the isolation of asylum seekers in the Lisbon Mosque [...] was a decision made [...] to manage the emergency, and it was taken as an ideal situation to be culturally appropriate to the reality of asylum seekers and refugees [...] It seemed to me a little strange that afterwards, [...] these people did not have the opportunity to contact the outside. Several interventions were requested by activists and the people who were concerned with the situation – namely people who could offer mental health care – but access was not allowed and only civil protection was delegated to manage this complex situation. (Spokesperson, civil society, researcher, public session)

Furthermore, the lack of knowledge of the local language was an impediment in various aspects of the lives of refugees during the COVID-19 pandemic, such as access to health services (cf. lockdown issues affecting refugees). Although there was agreement on some points concerning facts related to the pandemic, the narratives – particularly between civil society spokespersons and the official – during the public session did not always match. For example, the lack of information:

Now, we know very well that the community of refugees and asylum seekers requires a complex response that involves [...] access to legal information, access to information at the level of housing and protection. How do we explain that, in a situation like this, people's access to this type of information has been neglected? (Spokesperson, civil society, researcher, public session)

Regardless of whether the institutions said they provided adequate information on COVID-19 (see Table 5), civil society reported that the field experience was very different:

My experience in the field was exactly the opposite, and the reality I found – when we were in the midst of the quarantine – was that people in the hostels had no information [...] because effectively, most of the people with whom I spoke, did not have this information did not know, I mean, what COVID-19 was... (Spokesperson, civil society, researcher, public session)

Indeed, the information about COVID-19 which civil society was able to provide, was organised by means of civil society and migrant associations: “It was by using civil society

institutions and immigrant institutions, etc., that we were able to access some pamphlets and let's say, some intercultural mediation" (Spokesperson, civil society, researcher, public session). While institutions pointed to pre-existing structural problems, such as the lack of human and financial resources, civil society identified another contributing factor to disparities: the pre-existing problem of *lack of refugee involvement in the planning of activities and interventions*. Interventions put into practice by the responsible institutions seemed to be based mainly on the status of the asylum request of the population, the result of the COVID-19 tests and the conduct at the military base. The asylum seekers' needs or desires were not taken into consideration, and they were forced into a situation of dependency on the decisions of "others" who determined their pathways in the asylum society (Santinho, 2013). During the COVID-19 emergency, a notable tendency emerged on the part of institutions to reduce the responses to the holistic needs of refugees and asylum seekers to a mental health issue: "Many times institutions have this idea of putting psychologists to address needs of mental health [...] and with that, let's say, the problem is solved" (Spokesperson, civil society, public session).

4. Discussion

In the city of Lisbon, refugee associations mobilised to provide support in response to the COVID-19 pandemic, as they did throughout the world (see Alio et al., 2020), providing cultural mediation, essential information and certificates of negative to COVID-19 status, individual protection equipment, material assistance, and denouncing unworthy situations. The official institutions reported provision of care, psychological assistance and information about COVID-19, as well as implementation of measures transversal to other countries addressing language barriers and religious sensitivity.

The COVID-19 pandemic brought to light positive aspects of the system in Portugal, such as the solidarity of civil society, which was recognised by all of the spokespersons at the public session. Associations that were already following some refugees, such as CRESCER, tried to continue their activities, adapting their practices to the contingency measures applied. Importantly, not only entities that already had contacts with refugees but others, like the military corps, had a great responsibility in the emergency situation.

While the narrative of the institutions in the public session seemed to follow good practices – aligned with the media portrayal of the Portuguese asylum and reception system as standing out from other countries – once compared with the narratives of civil society and the LMA, a discrepancy was apparent. Obstacles arose during the pandemic which the institutions could not overcome. Nevertheless, *Forum Refúgio*, civil society and the LMA were committed on the ground to overcome such barriers and raise awareness amongst the community of refugees and asylum seekers in the hostels about COVID-19 – otherwise, the majority of this population would not have become aware of the pandemic situation. The first and foremost challenge was the *lack of equitable access to health care services*. Refugees face barriers accessing health care services (Bowen, 2001), due to language (Morris et al., 2009), lack of awareness of the availability of services due to a lack of information (Norredam et al., 2006) and poor understanding of public services, (Campbell et al., 2014).

Despite Portuguese policies for the inclusion of migrants and asylum seekers, which stand out from those other countries as innovative and progressive (Rebelo et al., 2020), and the good intentions from institutions (Santinho, 2013), which translate into institutional willingness and commitment to implement good practices, the Portuguese asylum system did not escape the challenges and barriers presented by the COVID-19 pandemic. This resulted in inequitable access to public services, especially for health care (Asanin & Wilson, 2008; Smith, 2001). People from marginalised communities, such as refugees and asylum seekers, are less likely to

have access to health care (Guadagno, 2020), and refugees were not able to access information about their health situation.

This could be related to new barriers created by the COVID-19 pandemic, such as the suspension or semi-suspension of public services, as well as existing structural problems, such as the *lack of interagency coordination* and *lack of cultural mediators in public services* (see Ianni Segatto, 2019).

The COVID-19 pandemic exacerbated the vulnerable situations in which refugees and asylum seekers already found themselves and created significant stress for refugees who tested positive for the virus. Evidence showed that the pandemic has increased the social stigma and isolation of urban refugees (United Nations, 2020a, 2020b, 2020c, 2020d). In general, refugees were more likely to face societal stigmatisation if they sought medical care and disclosed any potential symptoms (Norwegian Refugee Council, 2020), particularly because COVID-19 was seen as an “imported” virus, carried by foreigners or citizens who travelled abroad. The general population and authorities have thus harboured suspicion of foreigners, including refugees (Bukuluki et al., 2020), who have ended up losing existing networks due to the heightened stigma and isolation. The misappropriation of the COVID-19 crisis reinforced racial discrimination (Devakumar et al., 2020) and sometimes led to violence (Turner-Musa et al., 2020). Indeed, as our study showed, refugees and asylum seekers were portrayed by the media as being different from the Portuguese population, namely, particularly as illegal immigrants, dangerous outsiders or infected subjects; despite a valid commitment from civil society, episodes of racism against refugees and asylum seekers occurred.

The COVID-19 pandemic has perpetuated existing situations of isolation, as the experienced distances, in terms of space and time, which refugees and asylum seekers feel from “others” (Griffiths, 2014) were exacerbated. The social distancing due to COVID-19 containment measures enhanced pre-existing conditions of isolation and continued to fuel a negative impact on people’s lives (Basok & George, 2020; Cerbara et al., 2020). The pandemic has led to mass unemployment, wage reductions, lower productivity and reduced remittances (World Bank, 2020). Unsurprisingly, most refugees and asylum seekers have lost their job.

The emergency measures taken to isolate people found in the hostels also made people relive their past traumatic experiences. The highly militarised environment of Ota seemed to reproduce the past traumatic experiences in refugee camps. Refugees and people with a migrant background in general have already experienced detention (see Esposito et al., 2019a) or other conditions of limited freedom of movement (see Esposito & Kellezi, 2020), with the associated physical and psychological violence (see Esposito et al., 2019b).

Due to the presence of the military and the scarce information received, refugees and asylum seekers thought that the Ota military base was a refugee camp. Scholars found the presence of the police and army could “be experienced as a threat, rather than as a protective aspect” (Rees & Fisher, 2020, pp., 415). A stressful situation, such as that of quarantine, could be experienced as even more harsh due to the presence of the military, especially as people relive past experiences of military repression (Rees & Fisher, 2020). Quarantine therefore triggered mental distress amongst populations with prior exposure to traumatic situations (Rees & Fisher, 2020).

During the pandemic, refugees found themselves stuck in a situation of mistrust and uncertainty about different aspects of their lives, most of which were suspended.

This case study showed that the COVID-19 pandemic brought new challenges and also exacerbated pre-existing problems and related disparities. Civil society and refugee-led associations had to deal with new challenges and emergencies, as well as existing health inequalities that were exacerbated by the pandemic.

Individuals experienced different pre-existing disparities, which interacted and overlapped with different factors of vulnerability and marginalisation, such as migrant/refugee status and other structural conditions, such as precarious housing and employment (Hankivsky et al., 2014; Kapilashrami & Hankivsky, 2018; Quinn & Kumar, 2014). While institutions focused primarily

on the exceptional new and emergency nature of the pandemic, refugee associations and civil society highlighted that COVID-19 has only brought out existing problems, such as the *lack of interagency coordination*, which in turn led to a lack of adequate response to refugees and asylum seekers, as well as a lack of refugee involvement in the conception of intervention plans.

Beyond the COVID-19 pandemic, the case study provides important lessons to inform future asylum policies, such as the need for the implementation of *a more holistic and systemic perspective*. While it is certainly true that, for refugee and asylum seekers, mental health needs to be kept in mind and services to address it are needed, psychological support-centred interventions may be too pervasive at the expense of the “socio-political circumstances that might have psychological implications” (Schweitzer & Steel, 2008, p. 91). Furthermore, it is necessary to *think about the reality of refugees and asylum seekers when putting asylum policies into practice*. Refugees and asylum seekers are rarely portrayed as agents with resources and the potential to provide input (McPherson, 2010), but rather are usually portrayed as “passive recipients of humanitarian assistance” (Horstman, 2011), forced by the so-called “humanitarian border” (Kallio et al., 2019) and “in a state of transience that prevents them from settling in” the host community (Rygiel, 2011, p. 5; see also Verdirame et al., 2005), as well as identified, or “perceived as needy, helpless and a drain on resources” by who help them (Grove & Zwi, 2006, p. 1935; Kallio et al., 2019).

5. Conclusion

A global public health emergency such as the COVID-19 pandemic casts into sharp relief the disparities and multiple barriers faced by migrants and refugees. However, it is necessary to recognise that a pandemic can also be a call for recognition and re-construction of the structural, socio-political ruptures that put specific categories of marginalised groups into a position of vulnerability (Orcutt et al., 2020). Researchers, social workers, activists, civil society and institutions could join the call to address future recommendations framed by a more holistic and systemic perspective, instead of focusing solely on refugees and asylum seekers’ mental health through a psychological support-centred intervention.

Civil society, indeed, invites official institutions to consider new approaches in the future: “in the case of refugees and asylum seekers, we have to think in a little more holistic and systemic fashion” (spokesperson, researcher, Civil Society). Within this perspective, the *coordination between the various institutions* is at stake, as it can prevent and solve some refugee-related problems: “Thankfully, we spoke of one of the important issues, like inter-institutional articulation and cooperation between institutions, because it seems that this would solve and prevent some of the mental health problems that I detect on the ground” (spokesperson, civil society, researcher, public session). Besides these recommendations, the institutions encouraged the implementation of a well outlined structured plan. In the COVID-19 pandemic, practices did not match asylum policies; indeed, the official bodies did not take the asylum policies into account:

Portugal is ahead in terms of innovative and progressive policies concerning the inclusion of migrants and refugees; however, we have a problem here in terms of the practical application, and the way we think about the implementation of these practices into the reality of refugees and asylum seekers. (spokesperson, civil society, researcher, public session)

In this respect, the COVID-19 pandemic represented a wake-up call for the future application of good social inclusion policies focused on refugees and asylum seekers needs; this would include thinking ahead about the reality of refugees and asylum seekers when putting asylum

policies into practice by collecting essential group- or person-level data to guide programmes to protect vulnerable populations from social stigma and discrimination. It is also necessary to improve the cultural competence of providers who serve immigrants and refugees (Truman et al., 2009) and encourage the inclusion of asylum seekers and refugees in government planning to ensure that services are tailored to the needs of refugees and asylum seekers. Along these lines, an *effort of public policy* appears to be necessary, because there is no broader asylum framework, but generally only local initiatives run by refugees and civil society: “civil society alone cannot solve the problems of integration of refugees and asylum seekers, efforts in public policies are necessary” (spokesperson, civil society, researcher, public session). A further future recommendation is to create a national integration plan, where “a series of interconnected needs and corresponding services are best met” [...] “under one roof” (Zetter et al., 2002, p. 63) to assess community needs and response capabilities (see Truman et al., 2009), as well as encompassing the complexities of refugee integration and political recognition (Korac, 2003). It is also necessary to overcome some of the inequalities in the provision of services that occurred before and during the pandemic: “We already know all we should do, now we have to put these ideas in a systematic and coordinated way on paper and draft a national plan which can really cover the areas that remain uncovered” (spokesperson, civil society, researcher, public session).

In this fashion, what becomes “visible” with the pandemic (Santinho et al., 2020) can be used for transformative change. Remarkably, the pandemic could be an opening for the promotion of a network strategy, one that recognises the active role of the community of refugees and asylum seekers (see Pincock et al., 2020) and brings together refugees, asylum seekers, institutions, professionals, researchers, associations and civil society in government planning to build lasting models of participatory and inclusive humanitarian governance (Betts et al., 2020, p. 76).

References

- Agência Lusa (2020). Câmara de Loures nega responsabilidades na instalação dos cinco refugiados no concelho. *O Público*. <https://www.publico.pt/2020/05/18/local/noticia/camara-loures-nega-responsabilidades-instalacao-cinco-refugiados-concelho-1917064>
- Alio, M., Alrihawi, S., Milner, J., Noor, A., Wazefadost, N., & Zigashane, P. (2020). By refugees, for refugees: Refugee leadership during COVID-19, and beyond. *International Journal of Refugee Law*, 32(2), 370–373. <https://doi.org/10.1093/ijrl/eeaa021>
- Asanin, J., & Wilson, K. (2008). “I spent nine years looking for a doctor”: Exploring access to health care among immigrants in Mississauga, Ontario, Canada. *Social science & medicine*, 66(6), 1271–1283. <https://doi.org/10.1016/j.socscimed.2007.11.043>
- Azevedo, D., & Honrado, J. (2020, May 15). Covid-19: Migrantes provenientes de hostel de Lisboa estão na Base Aérea da Ota 2020. *Nova Berdade*. <https://www.radioalenquer.pt/covid-19-migrantes-provenientes-de-hostel-de-lisboa-estao-na-base-aerea-da-ota/>
- Barua, A., & Karia, R. H. (2020). Challenges faced by Rohingya refugees in the COVID-19 Pandemic. *Annals of Global Health*, 86(1), 129. <http://doi.org/10.5334/aogh.3052>
- Basok, T., & George, G. (2020). Migrant workers face further social isolation and mental health challenges during coronavirus pandemic. *The Conversation*. <https://theconversation.com/migrant-workers-face-further-social-isolation-and-mental-health-challenges-during-coronavirus-pandemic-134324>
- Betts, A., Easton-Calabria, E., & Pincock, K. (2020). Refugee-led responses in the fight against COVID-19: Building lasting participatory models. *Forced Migration Review*, 64, 73–76. <https://www.fmreview.org/issue64/betts-eastoncalabria-pincock>
- Bowen, S. (2001). *Language barriers in access to health care*. Health Canada.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>

- Bukuluki, P., Mwenyango, H., Katongole, S. P., Sidhva, D., & Palattiyil, G. (2020). The socio-economic and psychosocial impact of Covid-19 pandemic on urban refugees in Uganda. *Social Sciences & Humanities Open*, 2(1), 100045. <https://doi.org/10.1016/j.ssaho.2020.100045>
- Campbell, R. M., Klei, A. G., Hodges, B. D., Fisman, D., & Kitto, S. (2014). A comparison of health access between permanent residents, undocumented immigrants and refugee claimants in Toronto, Canada. *Journal of Immigrant and Minority Health*, 16(1), 165–176. <https://doi.org/10.1007/s10903-012-9740-1>.
- Castleberry, A., & Nolen, A. (2018). Thematic analysis of qualitative research data: Is it as easy as it sounds?. *Currents in Pharmacy Teaching and Learning*, 10(6), 807–815. <https://doi.org/10.1016/j.cptl.2018.03.019>
- Cerbara, L., Ciancimino, G., Crescimbene, M., La Longa, F., Parsi, M. R., Tintori, A., & Palomba, R. (2020). A nation-wide survey on emotional and psychological impacts of COVID-19 social distancing. *European Review for Medical and Pharmacological Sciences*, 24, 7155–63. https://doi.org/10.26355/eurrev_202006_21711
- Claudino, H. (2020). 58 refugiados que testaram negativo para a covid-19 deixam a Base Aérea da Ota. *Tvi24*. <https://tvi24.iol.pt/sociedade/alenquer/58-refugiados-que-testaram-negativo-para-a-covid-19-deixam-base-aerea-da-ota>
- Costa, P. M., & Sousa, L. (2017). “You are welcome in Portugal”: Conviction and convenience in framing today’s Portuguese politics on European burden sharing of refugees. *Oxford Monitor of Forced Migration*, 6(2), 49–53.
- Dempster, H., Ginn, T., Graham, J., Ble, M. G., Jayasinghe, D., & Shorey, B. (2020). Locked down and left behind: The impact of COVID-19 on refugees’ economic inclusion. *Center for Global Development, Refugees International, and International Rescue Committee*. <https://www.refugeesinternational.org/reports/2020/7/6/locked-down-and-left-behind-the-impact-of-covid-19-on-refugees-economic-inclusion>.
- De Oliveira, C. R. (2020). *Entrada, Acolhimento e Integração de Requerentes e Beneficiários de Proteção Internacional em Portugal: Relatório do Asilo 2020*. Biblioteca Nacional de Portugal. Observatório das Migrações, ACM, IP.
- Devakumar, D., Shannon, G., Bhopal, S. S., & Abubakar, I. (2020). Racism and discrimination in COVID-19 responses. *The Lancet*, 395(10231), 1194. [https://doi.org/10.1016/S0140-6736\(20\)30792-3](https://doi.org/10.1016/S0140-6736(20)30792-3)
- Dodds, S., & Hess, A. C. (2020). Adapting research methodology during COVID-19: Lessons for transformative service research. *Journal of Service Management*. <https://doi.org/10.1108/JOSM-05-2020-0153>
- Esposito, F., & Kellezi, B. (2020). Border violence, migrant resistance, and acts of solidarity at individual, collective, and community levels: Critical reflections from a Community Psychology perspective. *Community Psychology in Global Perspective*, 6(1), 1–16. <https://doi.org/10.1285/i24212113v6i1p1>
- Esposito, F., Ornelas, J., Briozzo, E., & Arcidiacono, C. (2019). Ecology of sites of confinement: Everyday life in a detention center for illegalized non-citizens. *American Journal of Community Psychology*, 63(1–2), 190–207. <https://doi.org/10.1002/ajcp.12313>
- Esposito, F., Ornelas, J., Scirocchi, S., & Arcidiacono, C. (2019). Voices from the inside: Lived experiences of women confined in a detention center. *Signs: Journal of Women in Culture and Society* 44(2), 403–431. <https://doi.org/10.1086/699344>
- Frith, H., & Gleeson, K. (2004) Clothing and embodiment: Men managing body image and appearance. *Psychology of Men & Masculinity*, 5(1), 40–48. <https://doi.org/10.1037/1524-9220.5.1.40>
- Griffiths, M. B. (2014). Out of time: The temporal uncertainties of refused asylum seekers and immigration detainees. *Journal of Ethnic and Migration Studies*, 40(12), 1991–2009. <https://doi.org/10.1080/1369183X.2014.907737>

-
- Grove, N. J., & Zwi, A. B. (2006). Our health and theirs: Forced migration, othering, and public health. *Social Science & Medicine*, 62(8), 1931–1942. <https://doi.org/10.1016/j.socscimed.2005.08.061>
- Guadagno, L. (2020). Migrants and the COVID-19 pandemic: An initial analysis. *International Organization for Migration: Migrant Research Series*, 60, 34–38. https://www.researchgate.net/profile/Lorenzo_Guadagno/publication/340844735_Migrants_and_the_COVID-19_pandemic_An_initial_analysis/links/5ea04e1892851c010577ecb0/Migrants-and-the-COVID-19-pandemic-An-initial-analysis.pdf
- Hankivsky, O., Grace, D., Hunting, G., Giesbrecht, M., Fridkin, A., Rudrum, S., Ferlatte, O., & Clark, N. (2014). An intersectionality-based policy analysis framework: Critical reflections on a methodology for advancing equity. *International Journal for Equity in Health*, 13, 119. <https://doi.org/10.1186/s12939-014-0119-x>
- Hebebrand, J., Anagnostopoulos, D., Eliez, S., Linse, H., Pejovic-Milovancevic, M., & Klasen, H. (2016). A first assessment of the needs of young refugees arriving in Europe: What mental health professionals need to know. *European Child & Adolescent Psychiatry*, 25(1), 1. <https://doi.org/10.1007/s00787-015-0807-0>
- Ianni Segatto, C. (2019). Settlement and integration policies in federal contexts: The case of refugees in Canada and Brazil. *Journal of Refugee Studies*. <https://doi.org/10.1093/jrs/fez065>
- Júnior, J. G., de Sales, J. P., Moreira, M. M., Pinheiro, W. R., Lima, C. K. T., & Neto, M. L. R. (2020). A crisis within the crisis: The mental health situation of refugees in the world during the 2019 coronavirus (2019-nCoV) outbreak. *Psychiatry Research*, 113000. <https://doi.org/10.1016/j.psychres.2020.113000>
- Kallio, K. P., Häkli, J., & Pascucci, E. (2019). Refugeeeness as political subjectivity: Experiencing the humanitarian border. *Environment and Planning C: Politics and Space*, 37(7), 1258–1276. <https://doi.org/10.1177/2399654418820915>
- Kapilashrami, A., & Hankivsky, O. (2018). Intersectionality and why it matters to global health. *The Lancet*, 391(10140), 2589–2591. [https://doi.org/10.1016/S0140-6736\(18\)31431-4](https://doi.org/10.1016/S0140-6736(18)31431-4)
- Kpatue Kweh, A. (presenter). (2020). *Refúgio em Tempo de Emergência; Que Resposta?* Forum Refúgio. YouTube.
- Korac, M. (2003). Integration and how we facilitate it: A comparative study of the settlement experiences of refugees in Italy and the Netherlands. *Sociology*, 37(1), 51–68. <https://doi.org/10.1177/0038038503037001387>
- Kousha, K., Thelwall, M., & Abdoli, M. (2012). The role of online videos in research communication: A content analysis of You Tube videos cited in academic publications. *Journal of the American Society for Information Science and Technology*, 63(9), 1710–1727. <https://doi.org/10.1002/asi.22717>
- Lozet, F., & Easton-Calabria, E. (2020). Counting urban refugees during COVID-19. *Forced Migration Review*, (64), 79–80. <https://www.fmreview.org/sites/fmr/files/FMRdownloads/en/issue64/lozet-eastoncalabria.pdf>
- Mangrio, E., Paul-Satyaseela, M., & Strange, M. (2020). Refugees in Sweden during the Covid-19 pandemic—The need for a new perspective on health and integration. *Frontiers in Public Health*, 8, 605. <https://doi.org/10.3389/fpubh.2020.574334>
- McPherson, M. (2010). ‘I integrate, therefore I am’: Contesting the normalizing discourse of integrationism through conversations with refugee women. *Journal of Refugee Studies*, 23(4), 546–570. <https://doi.org/10.1093/jrs/feq040>
- Morris, M. D., Popper, S. T., Rodwell, T. C., Brodine, S. K., & Brouwer, K. C. (2009). Healthcare barriers of refugees post-resettlement. *Journal of Community Health*, 34(6), 529. <https://doi.org/10.1007/s10900-009-9175-3>
- Norredam, M., Mygind, A., & Krasnik, A. (2006). Access to health care for asylum seekers in
-

- the European Union—A comparative study of country policies. *The European Journal of Public Health*, 16(3), 285–289. <https://doi.org/10.1093/eurpub/cki191>.
- Norwegian Refugee Council. (2020). *10 things you should know about coronavirus and refugees*. <https://www.nrc.no/news/2020/march/10-things-you-should-know-about-coronavirus-and-refugees/>
- Orcutt, M., Patel, P., Burns, R., Hiam, L., Aldridge, R., Devakumar, D., Kumar, B., Spiegel, P., & Abubakar, I. (2020). Global call to action for inclusion of migrants and refugees in the COVID-19 response. *The Lancet*, 395(10235), 1482–1483. [https://doi.org/10.1016/S0140-6736\(20\)30971-5](https://doi.org/10.1016/S0140-6736(20)30971-5)
- Quinn, S. C., & Kumar, S. (2014). Health inequalities and infectious disease epidemics: A challenge for global health security. *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*, 12(5), 263–273. <https://doi.org/10.1089/bsp.2014.0032>
- Pereirinha, T., Ferreira M. L., Correia G., & Agência Lusa (2020, April 19). Hotel evacuado em Lisboa 169 estrangeiros já foram transferidos para ase aérea da Ota. *O Observador*. <https://observador.pt/2020/04/19/hospede-infetado-leva-a-evacuacao-de-hostel-em-lisboa-200-pessoas-foram-retiradas-para-a-mesquita-de-lisboa/>
- Pincock, K., Betts, A., & Easton-Calabria, E. (2020). *The global governed? Refugees as providers of protection and assistance*. Cambridge University Press.
- Rebelo, D., Abdullah, A., & Hussein, M. (2020). Solidarity with refugees in Portugal: A collaborative research. *Community Psychology in Global Perspective*, 6(1), 36–51. <https://doi.org/10.1285/i24212113v6i1p36>
- Rees, S., & Fisher, J. (2020). COVID-19 and the mental health of people from refugee backgrounds. *International Journal of Health Services*, 50(4), 415–417. <https://doi.org/10.1177/0020731420942475>
- Rygiel, K. (2011). Bordering solidarities: Migrant activism and the politics of movement and camps at Calais. *Citizenship Studies*, 15(01), 1–19. <https://doi.org/10.1080/13621025.2011.534911>
- Salmani, I., Seddighi, H., & Nikfard, M. (2020). Access to health care services for Afghan refugees in Iran in the COVID-19 pandemic. *Disaster Medicine and Public Health Preparedness*, 14(4), E13–E14. <https://doi.org/10.1017/dmp.2020.240>
- Santinho, M. C. (2013). Afinal, que asilo é este que não nos protege? *Etnográfica. Revista do Centro em Rede de Investigação em Antropologia*, 17(1), 5–29. <https://doi.org/10.4000/etnografica.2522>
- Santinho, C., Rebelo, D., & Cardoso, S. (2020). Covid-19, the ‘undercover’ Portuguese asylum system, and its jerry-riggings. [Blog post]. <https://www.law.ox.ac.uk/research-subject-groups/centre-criminology/centreborder-criminologies/blog/2020/06/covid-19>
- Schweitzer, R., & Steel, Z. (2008) Researching refugees: Methodological and ethical considerations. In P. Liamputtong (Ed.), *Doing cross-cultural research* (pp. 3-20). Springer.
- Sieffien, W., Law, S., & Andermann, L. (2020). Immigrant and refugee mental health during the COVID-19 pandemic: Additional key considerations [Blog Post]. *Canadian Family Physician*. <https://www.cfp.ca/news/2020/06/23/06-23-1>
- Smith, M. M. (2001). Asylum seekers in Australia. *Medical Journal of Australia*, 175(11–12), 587–589. <https://doi.org/10.5694/j.1326-5377.2001.tb143738.x>
- Truman, B. I., Tinker, T., Vaughan, E., Kapella, B. K., Brenden, M., Woznica, C. V., ... & Lichtveld, M. (2009). Pandemic influenza preparedness and response among immigrants and refugees. *American Journal of Public Health*, 99(S2), S278–S286. <https://doi.org/10.2105/AJPH.2008.154054>
- Turner-Musa, J., Ajayi, O., & Kemp, L. (2020). Examining social determinants of health, stigma, and COVID-19 disparities. *Healthcare*, 8, 168. <https://doi.org/10.3390/healthcare8020168>
- United Nations. (2020a). Global humanitarian response plan for Covid-19: United nations coordinated appeal April-December 2020.

-
- United Nations. (2020b). Policy brief: The impact of COVID-19 on children. New York.
- United Nations. (2020c). Global Humanitarian response plan covid-19. United Nations coordinated appeal. April - December 2020. New York. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/global_humanitarian_response_plan_covid-19_1.pdf
- United Nations. (2020d). Covid-19 and women's human rights: Guidance-what is the impact of covid-19 on gender-based violence? New York. https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/04/report/covid-19-and-womens-human-rights-guidance/COVID-19_and_Womens_Human_Rights.pdf
- Vacchiano, F. (2018). On marginal inclusion: Refugees at the fringes of citizenship in Portugal, ICS (Lisbon). https://www.academia.edu/37594102/On_marginal_inclusion_refugees_at_the_fringes_of_citizenship_in_Portugal
- Verdirame, G., Harrell-Bond, B. E., & Sachs, A. (2005). *Rights in exile: Janus-faced humanitarianism* (Vol. 17). Berghahn Books.
- World Bank (2020). World bank predicts sharpest decline of remittances in recent history [Press Release]. <https://www.worldbank.org/en/news/press-release/2020/04/22/world-bank-predicts-sharpest-decline-of-remittances-in-recent-history>
- Zetter, R., Griffiths, D., Sigona, N., & Hauser, M. (2002) A survey of policy and practice related to refugee integration in the EU, November 2001–December 2002 (Final Report to European Refugee Fund Community Actions). Brookes University.